

PRESENTER INFORMATION QUESTIONNAIRE

PRESENTER NAME

Are you the primary contact for this workshop?

Yes

No

ORGANIZATION/AFFILIATION

CONTACT INFORMATION

Phone*

Email*

Website

Address*

Street Address (Line 1)

Street Address (Line 2)

City

State

Zip Code

PRESENTER INFORMATION QUESTIONNAIRE

PRESENTER BIOGRAPHY

Please provide a brief professional bio. Please use 3rd person. (300 words or less)

Have you presented on this topic or facilitated this workshop before?

Yes

No

If yes, please provide a list of where you have presented this topic in a separate document or in your resume/CV.